

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51		
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48							98		
49							99		
50							100		
TOTAL IND.				TOTAL IND.					
TOTAL DEP.				TOTAL DEP.					
TOTAL CLAIMS				TOTAL CLAIMS					

PTO-1350 (3-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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